

# TRI-STATE JOINT FUND

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## Important Information Summary of Recent Changes to Your Benefits Under the Teamsters Plus Plan

November 2024

With this notice, the Board of Trustees announces the following changes to the Plan of Benefits of the Teamsters Plus Plan. If you have any questions, please contact your Local Fund office.

Please read this notice carefully.  
This notice makes you aware of certain changes to your benefits and amends the provisions of your Summary Plan Description (SPD). Please keep a copy with your SPD and share it with your family.

### IN ADDITION TO PLAN CHANGES THIS NOTICE ALSO INCLUDES:

- The required annual notice concerning reconstructive surgery after a mastectomy at the end of this mailing (see below), as well as other required notices.
- **This Reminder to Complete Your Annual Information Request Form (AIR)**

Please remember that no medical or dental claims incurred in 2025 will be paid until the completed 2025 AIR form has been received by the Plan. Prescription drug and vision care benefits will also be affected. **Incomplete AIRFORMS will be returned! Please be sure to complete all sections of the AIRFORM, include a copy of your insurance card if you have any other insurance coverage (including Medicare), sign and date the form, and answer the questions on the bottom right hand side!**

***\*\*\*During the year, you must notify the Plan if there is a change in the information on your AIRFORM.\*\*\****



**Blood Glucose Monitors** - If you are in need of a blood glucose meter for your diabetic testing, our plan only covers the Contour Next meter. The Contour Next meter can be obtained for free by contacting Ascensia at 1-800-401-8440 and providing ID code CTR-OPX. The meter itself is not covered under our pharmacy benefit, however, the test strips and lancets are covered. Test strips and lancets for other meters are not covered.

The following change is effective October 1, 2024:



609 WEST JOHNSON AVENUE, 2ND FLOOR, CHESHIRE, CT 06410

## **Updated Eligibility Rules for Receiving Weekly Accident & Sickness Benefits**

With many states including Connecticut, Massachusetts, Rhode Island and New York enacting legislation regarding Paid Family and Medical leave benefits, the Plan language regarding eligibility for receiving Weekly Accident & Sickness Benefits is being updated as follows to reflect when the benefits can begin:

Benefits will be payable to you as of the eighth (8th) consecutive day that you are unable to work because of a disability, **OR immediately after you exhaust Paid Leave, Medical Leave or any paid time off from your employer related to such disability**, and will continue for a maximum of 26 weeks from that date for any one (1) continuous period that you are unable to work because of such disability due to the same or related causes. Weekly A & S benefits will terminate when your eligibility in the Plan terminates even if it is prior to receipt of 26 weeks of these benefits.

Previously, a Participant would have been eligible to receive Weekly A & S and other salary replacement benefits (or paid time off) running simultaneously – the 26 week eligibility period would have started after the eighth (8th) consecutive day that you are unable to work, but the amount of the benefit would have been reduced (or eliminated) because of the other out-of-work benefits (or paid time off) you were receiving. In which case, a Participant could have received less than the full 26 weeks of Weekly A & S benefit payments since a Participant would not have been able to receive any Weekly A & S payments (or reduced benefits) during the time that he was receiving other benefits.

**The following changes are effective January 1, 2025:**

### **Mandatory Low-Cost Biosimilar Substitution**

In July 2023, the first Biosimilar medication for Humira, was introduced. In 2025, a Biosimilar for Stelara is forthcoming and more are in the pipeline. These two (2) specialty medications represent the highest drug spend for the Fund. As a result, the Trustees have approved the mandatory substitution of Low-Cost Biosimilar medications for all Participants currently on, and all new prescriptions for specialty medications where a Biosimilar is available.



What is a Biosimilar? A biosimilar product is a biologic product that is approved based on the demonstration that it is highly similar to an FDA-approved biologic product, known as a reference product, and has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products.

### **Increased Annual Contact Lenses Allowance**

The Contact Lens allowance for the first pair will increase to \$300 **for members and spouses only**. Previously, the allowance was \$200. The allowance for the second (2<sup>nd</sup>) pair will remain the same (\$175). Contact lenses must be purchased thru the VSP network. There is no out-of-network contact lens benefit.

**THE FOLLOWING REMINDERS ARE FOR YOUR INFORMATION ONLY**

**These are NOT changes to your Plan.**

### ❖ HIPAA Privacy Notice

You and your dependents each may request a copy of the HIPAA notice of privacy practices, free of charge by contacting the Tri-State Joint Fund Office at (203) 250-2601. This notice can also be found in the Teamsters Plus Plan Summary Plan Description booklet.

### ❖ Grandfathered Status

The Board of Trustees believes that the Teamsters Plus Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Tri-State Joint Fund at the number on this letterhead. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### ❖ Prescription Drug Benefit Retail Fill Limitation

**If you are having difficulty getting a maintenance medication filled at a retail pharmacy, you may have reached the maximum number of allowed fills at a retail pharmacy and need to change to Mail Order or the 90-day retail option using the CVS Saver Plus network program.**

The Prescription Drug Benefit limits maintenance medications to **one (1) fill and three (3) refills at a retail pharmacy**. Prescriptions for a maintenance medication that **exceed four (4) fills at a retail pharmacy must be obtained through the Mail Order or the 90-day retail option using the CVS Saver Plus network program**. Your physician can fax a prescription to 1-800-491-7997. If you have any questions, call 1-844-805-9802 to speak with an OptumRx representative.

### ❖ Dependent Children between the ages of 18-26

Effective July 1, 2014, Dependent Children between the ages of 18-26 are covered under the Plan. If your Child between the ages of 18 and 26 became ineligible for dependent coverage for any reason or was never eligible for coverage in the Plan, but is currently under age 26, your Child may be enrolled in the Plan if you provide the necessary information. Please contact the Fund Office for the proper form. Normal coordination of benefit provisions will apply.

### ❖ Annual Notice Concerning Benefits for Reconstructive Surgery after a Mastectomy

The Plan is required to inform you that coverage is provided for the reimbursement of expenses associated with reconstructive surgery following a mastectomy, expenses for reconstructive surgery on the other breast to achieve symmetry, the cost of prostheses and costs for treatment of physical complications at any stage of the mastectomy including lymphedemas. The Plan deductible, co-payments and out-of-pocket limits apply.

**\*\*Please remember to always include your Participant ID Number (for example, TSJ1234567BF) on any correspondence sent to the Local Fund Office.\*\***

Board of Trustees



**[www.trifund.com](http://www.trifund.com)**

- ✓ For the latest updates to your benefits
- ✓ Summary Plan Description (SPD)
- ✓ Summary of Benefits & Coverage (SBC)
- ✓ Find a provider
- ✓ Documents & Forms
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